CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL Submit an original, and a duplicate for fee processing.					
	(Only for Continuation or Divisional applica	· · · · · · · · · · · · · · · · · · ·	DUPLICATI		
Address to:		Attorney Docket No. of Prior Application	114231.119		
	Assistant Commissioner for Patents	First Named Inventor	REID ?		
	Box CPA Washington, DC 20231	Examiner Name	J. Woitach		
		Group Art Unit	J. Woitach		
		Express Mail Label No.	CEN		
					
This is a requ		sional application under	• •		
•	rosecution application (CPA)) of prior applicat				
filed on Mar	ch 24, 2000 entitled PROLIFERATION O	F HEPATOCYTE PREC	URSORS		
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as defined by	LIFICATIONS: The prior application identified above muy 37 CFR 1.51(b), or (2) the national stage of an internal	tional application in complian	ice with 35 U.S.C. 371. Ef		
as defined by May 29, 2000 29, 2000. A Continued Ex Interim Rule,		tional application in complian on if the prior nonprovisional of the filing date of the prio on Practice," Final Rule, 65 F Office (Apr. 11, 2000).	nce with 35 U.S.C. 371. Eff application was filed before or application. See "Reque ed. Reg. 50092 (Aug. 16,		
as defined by May 29, 2000 29, 2000. A Continued Ex Interim Rule,	or 37 CFR 1.51(b), or (2) the national stage of an internal or, a CPA may only be filed in a utility or a plant application CPA may be filed in a design application regardless ramination Practice changes to and Provisional Application 65 Fed. Reg.14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. ERMITTED: A continuation-in-part application cannot	tional application in complian on if the prior nonprovisional of the filing date of the prio on Practice," Final Rule, 65 F Office (Apr. 11, 2000).	nce with 35 U.S.C. 371. Eff application was filed before or application. See "Reque ed. Reg. 50092 (Aug. 16,		
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b. The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

4. A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.

5. Information Disclosure Statement (IDS) is enclosed:

Copies of IDS Citations

a. PTO-1449

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

PTO/SB/29 (10-00)
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CLAIMS	(1) FOR	(2) NUMBER	FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS		
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	15 -2	0* =	0	x \$	= \$ O		
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	3 -3)** =	0	× \$	= 0		
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) + \$ =							
		\$740.00						
		s = 740.00						
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).							
	* Reissue claims in excess of Reissue independent claim.		nt.	= 370.00				
Deposit A a. X Fe b. X Fe c. X Fe 8. A che 9. Paym 10. Applie (not to 11. New Pri 12. a. F	c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ is enclosed. 9. Payment by credit card. Form PTO-2038 is attached. 10. Applicant requests suspension of action under 37 CFR 1.103(b) for a period of months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. 11. New Attorney Docket Number, if desired [Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.] 12. a. Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. Return Receipt Postcard (Should be specifically itemized, See MPEP 503)							
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.								
14. NEW CORRESPONDENCE ADDRESS								
Customer Number or Bar Code Label		27160 (Insert Customer No. or Attach bar code label here)		or ☑️ New correspondence address below				
Name KATTEN MUCHIN ZAVIS								
Halle	Patent Administrator							
Address	525 West Monroe Street, Suite 1600							
City	Chicago	State	IL	Zip Code	60661-3693			
Country	United States	Te	lephone	1 15 100		312-902-1061		

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
Name (Print lType)	Corinne M. Pouliquen			
Signature	cu l'onli que			
Registration No. (Attorney/Agent)	35,753			
Date	3/18/02			